U.S. Department of Labor Tece of Labor-Management Standards Washington, DC: 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Ornabil Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 252/4	2. Fiscal Year Covered From:
,	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Debra D Larouche	Name CWA Local 6((2
	Labor Organization File Number 039046
P.O. Box, Bidg. Room No., if any	P.O. Box, Building and Rcom Number, if any
Street 530 H. Harry	Street 530 E. Harry
Chy Wichita,	City Wichita
State Kansas ZIP Code	-4 67211-4298 State Kansas ZIP Code + 4 67211-4298
5. Position in labor organization. Steward	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
6. Name and address of Employer (including trade rame, if any).	7.a. Nature of Interest, Transaction, or Income.
Name SBC/AT&T	Meal - invited guest at Fortune 500 Luncheon 8/16/05 \$12.00 Meal - invited guest at Fortune 500 Luncheon
Trade Name, if any:	11/9/05 \$12.00
P.O. Box, Bldg. Room No., if any Room 1260	
	7.b. Amount.
Street 154 N Broadway	
City Wichita	\$24
State Kansas ZIP Code + 4 67201	

15. Signature and verification. The undersigned de submitted in this report (including the information continued undersigned's knowledge and belief, true, correct, an	cined in any accompanying docu	ments), has been ex	ar ned by the signatory and is, to the best of the
Signed Duku D D- words	On .	3/14/2006 Date	316 267-2592 Telephone Number

Name of Person Filing Debra Larouche	Fle Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	a. Labor Organizetion b. Trust c. Employer				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any Street					
City					
State ZIP (2odc + 4					
10. If 9.b. or 9.c. is checked give trust or employer's n∈me.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any Street					
	11.b. Approximate dollar vali	ຂໃນອ of such dealing.			
City	12.a. Nature of interest hel	c or income received.			
State ZIP (>ode + 4					
	12.b. Amount.				
C. Received from any employer (other than an emp oyer covered under parts A and B above) or from any labor relations consultant to an employer ຂກy payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					

14.b. Amount of payment,

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

State